

## REQUEST FOR COPY OF PERSONAL INCOME TAX OR FIDUCIARY RETURN

Please see other side of this form to request Corporation (100, 100%, 100%, 100WE or 199), Partnership (565), or Limited Liability Company (568) Returns.

NAME AND ADDRESS TO WHICH PHOTOCOPIES ARE TO BE MAILED	NAME AND ADDRESS OF TAXPAYERS AS SHOWN ON	ITAX RETURN OR CLAIM	
REQUESTER'S TELEPHONE NUMBER	TAXPAYER'S TELEPHONE NUMBER		
TAX YEARS REQUESTED	SOCIAL SECURITY NUMBER (If you filed a joint return, enter your spouse's number below)		
	SPOUSE'S SOCIAL SECURITY NUMBER		
SIGNATURE OF TAXPAYER OR REPRESENTATIVE	TYPE OR PRINT NAME	DATE	
SIGNATURE OF SPOUSE	TYPE OR PRINT NAME	DATE	

Copies of tax returns are available ONLY for the last three years. Generally there is a \$10.00 charge\*.

You must sign this request. Without proper authorization, we will be unable to provide you with the requested copies. If you are not the taxpayer, you must provide appropriate authorization to receive copies of tax returns or claims. Appropriate authorization includes one of the following:

- A letter signed by the taxpayer authorizing the Franchise Tax Board to release the requested material to you.
- A Power of Attorney (FTB 3520) currently in effect.
- An Internal Revenue Service Power of Attorney stating that it applies to FTB.
- A signed copy of form FTB 3516 by the taxpayer.
- A certified copy of the letters of administration or testamentary dated within the past 12 months, if the taxpayer
  is deceased. If the letters are more than 12 months old, a clerk of the court must recertify them stating they
  are still in effect.

If a bankruptcy is involved and you are not the taxpayer, you must provide one of the following:

- · Court documents appointing you as trustee.
- A letter signed by the trustee authorizing you to receive this material and a copy of the court documents appointing the trustee.
- Appropriate authorization.

There i	s <u>no c</u> l	harge 1	for a copy o	f your persona	I income ta	ax return i	f you <b>reques</b> t	<u>t a tax year</u>	that meets	the f	ollowing	criteria:
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You request a copy of	of the return d	luring or after a	Franchise 7	Tax Board	audit
You have been a victi	m of a designa	ated California s	tate or feder	ral disaste	r.

If you do not meet either of the above criteria, send a check payable to the Franchise Tax Board for \$10.00 for each tax year you request.

Mail your request to:
RID UNIT
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468

For additional information, please call (916) 845-5375



## REQUEST FOR COPY OF CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY RETURN

Please see other side of this form to request Personal Income Tax (540, 540A, 540EZ, 540 2EZ, 540NR or Fiduciary [541]) Returns.

NAME AND ADDRESS TO WHICH PHOTOCOPIES ARE TO BE MAILED		NAME AND ADDRESS OF TAXPAYERS AS SHOWN ON TAX RETURN OR CLAIM			
TAX RETURN REQUESTED (Please check box)	TAXABLE YEARS or	CORPORATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMER		
	Annual Period Ending (APE)				
☐ 100 – Corporation return					
☐ 100W – 2000 California Franchise or Income Tax					
Water's-Edge Corporation Return					
☐ 100WE – Water's Edge Corporation Return		CALIFORNIA SECRETARY OF STATE NUMBER			
☐ 100S – S Corporation Return					
☐ 199 – Exempt Organization Return					
☐ 565 – Partnership Return		_			
☐ 568 – Limited Liability Company Return					
I declare under penalty of perjury, I am a curre	ent authorized represent	tative for the above taxpayer.			
SIGNATURE AND TITLE OF OFFICER OR TRUSTEE	<u> </u>	TYPE OR PRINT NAME	DATE		
DAYTIME TELEPHONE NUMBER ( )					
,					
Generally, the charge for copies of corporation ar	nd partnership returns is	a \$6.00 initial fee plus 10¢ per page for	each tax year requested."		
A current authorized representative of the taxp	aver must sign this requ	uest and provide the business title. Wit	hout proper authorization we		
will be unable to provide the requested copies.	.,	, , , , , , , , , , , , , , , , , , ,			
If a suspended corporation is involved, any a determine the amount owed, please call one	amounts owed must be	e paid before we can send you the r	requested information. To		
the United States (not toll-free), (916) 845-65					
	yoo, or for any mouning	o. oposopaou (ess) e== e=es			
If a bankruptcy is involved and you are not the	e taxpayer, you must p	rovide one of the following:			
<ul> <li>Court documents appointing</li> </ul>	you as trustee.				
<ul> <li>A letter signed by the trustee documents appointing the trustee</li> </ul>		eive this material and a copy of the o	court		
<ul> <li>Appropriate authorization.</li> </ul>					
There is <b>no charge</b> for a copy of your corpor	ation, partnership, or li	mited liability company return if you	request a tax vear that meets		
the following criteria:	, p				
☐ You request a copy of the re	turn during or after a F	ranchise Tax Board audit			
☐ You have been a victim of a					
□ Tou have been a victilit of a	designated Callionla	अवार मा विपटावा पाउवश्रहा.			

\*Do not send money to request copies of corporation, partnership, or limited liability company returns. If there are any charges, you will receive a bill.

Mail your request to:
RID UNIT CORP
FRANCHISE TAX BOARD
PO BOX 1468
SACRAMENTO CA 95812-1468

For additional information call (916) 845-5116